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Specifičnosti i značaj marketinga za uspeh u poslovanju osiguravajućih društava

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Apstrakt

Uspeh svih poslovnih aktivnosti u delatnosti osiguranja i reosiguranja valorizuje se na tržištu, odnosno od osiugranika. Ukoliko osiguravajuća društva u potpunosti udovolje zahtevima i potrebama osiugranika na pravi način ostvariće poslovni uspeh. Cilj istraživanja u radu jeste analiza specifičnosti i značaja marketinga za uspeh u poslovanju osiguravajućih društava. Ključni zaključak jeste da marketing za rezultat ima zadovoljnog osiugranika i profitabilnog osiguravača. Takođe, marketing u osiguranju obezbeđuje rast tražnje, čime nisu obezbeđeni samo veći prihodi od prodaje osiguranja, već je omogućena i bolja atomizacija rizika, što kombinovano omogućava dugoročno održivo poslovanje osiguravajućih društava.

Ključne reči: marketing, tržište, osiguranje, osiguravači, uspešnost poslovanja.

1. UVOD

Ideja organizovane zaštite od opasnosti koje su ugrožavale čovekov život i imovinu, primenom načela uzajamnosti i solidarnosti, na čemu se zasniva moderno osiguranje, nastaje još u prvobitnoj ljudskoj zajednici i ostvaruje se tokom čitavog istorijskog razvoja osiguranja. Pod udruživanjem rizika podrazumeva se proširivanje mogućih šteta članova grupe na čitavu grupu, tako da u tom procesu prosečna šteta predstavlja zamenu za stvarnu štetu (solidarnost), čime se agregatni rizik atomizira njegovim deljenjem na velik broj članova zajednice rizika. Moderno osiguranje bazira se na uzajamnosti, transferu rizika sa osiugranika na osiguravajuća društva, slučajnosti šteta i obeštećenju za nastale štete. U suštini modernog osiguranja jeste atomizacija

izloženosti rizicima u portfeljima osiguranja osiguravača. Zahvaljujući atomizaciji osiguranje obezbeđuje dugoročnu održivost i funkciju finansijskog obeštećenja osiugranicima. Ova atomizacija ostvaruje se primenom Zakona velikih brojeva, odnosno masovnom kupovinom osiguravajućeg pokrića za rizike pokvirene ugovorima o osiguranju.

Marketing se kao pojam u literaturi definiše na različite načine. Smatramo najadekvatnijom definicijom onu koju je dao Britanski institut za marketing i koja glasi: „marketing je proces upravljanja odgovoran za identifikovanje, anticipiranje i zadovoljenje zahteva potrošača na profitabilan način” (CIM, 2015). Navedena definicija je u potpunosti saglasna sa Kotlerom koji smatra da marketing čine tri stuba i to (Kotler, 1984): 1) orijentacija ka kupcu, 2) integrisani marketing (mnogo je više od zbira funkcija i zadataka) i 3) zadovoljavanje kupaca. Suštinski, marketing je usmeren na identifikovanje i zadovoljenje individualnih i društvenih potreba uz ostvarenje profita, koji je osnovni pokretački motiv organizacije koja potrebe zadovoljava, izuzev u slučaju neprofitnih organizacija. Po Drakeru samo inovacije i marketing proizvode rezultate a sve ostalo su troškovi (Drucker, 1993).

Često se u osiguravajućim društvima poistovećuju pojmovi „prodaje” i „marketinga”. Marketing je znatno širi pojam i pored prodaje obuhvata i samu uslugu osiguravajućeg pokrića i njeno prilagođavanje zahtevima i potrebama osiugranika, premiju osiguranja i promociju. U širem smislu, i način rešavanja odštetnih zahteva i zadovoljstvo osiugranika transparentnošću rešavanja zahteva i isplate naknade iz osiguranja, je u direktnoj vezi sa njihovim zadovoljstvom a time i uspehom marketinških aktivnosti ali i dugoročno održivim poslovanjem osiguravača.

Marketing se koristi u različitim značenjima, za opis određenog dela organizacije, za opis određenih tehnika ili za opis pristupa poslovanju i menadžmentu. U kontekstu osiguranja, marketing ima sva ova značenja, s obzirom da predstavlja i orijentaciju ka tržištu i deo organizacije i primenu određenih specifičnog instrumen-

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tarijuma kako bi se povećala tražnja, obezbedilo zadovoljstvo osiguranika a istovremeno i profit i dugoročni poslovni uspeh osiguravajućih društava.

Cilj istraživanja u radu jeste analiza specifičnosti i značaja marketinga za uspeh u poslovanju osiguravajućih društava. Da bi ostvarili postavljeni cilj prvo ćemo ukazati na specifičnosti tržišta osiguranja a potom na značaj marketinga u osiguranju, primenu instrumenata marketing miksa i neophodnost holističkog marketing pristupa u osiguranju.

2. TRŽIŠTE OSIGURANJA

Tržište osiguranja se, analogno određenju tržišta uopšte, može definisati kao mehanizam sučeljavanja ponude i tražnje usluga osiguranja, odnosno ponuđača i kupaca usluga osiguravajućeg pokrića. Tržište osiguranja suštinski predstavlja sveukupnost odnosa ponude i tražnje za uslugama osiguranja (Njegomir, 2011a). Iako po osnovnim karakteristikama slično u funkcionisanju svim drugim tržištima, tržište osiguranja ima karakteristike koje ga čine specifičnim a one uključuju postojanje više tržišta u zavisnosti od vrste osiguranja, specifičnost same usluge i načina određivanja premije osiguranja, osnova uspostavljanja odnosa između tržišnih subjekata i specifičnosti determinanti tražnje i ponude.

Svaka vrsta osiguranja podrazumeva postojanje različitih usluga osiguravajućeg pokrića zbog čega se suštinski može smatrati posebnim tržištem. Tržište osiguranja bi se moglo podeliti na tržište životnih i tržište neživotnih osiguranja, tržište neživotnih osiguranja na tržište osiguranja motornih vozila, tržište osiguranja poljoprivrede, tržište osiguranja domaćinstava, itd. Svako od navedenih tržišta determinisanih određenom vrstom osiguranja moglo bi se dalje deliti. Tržište osiguranja motornih vozila, na primer, uključuje tržište osiguranja vlasnika motornih vozila od odgovornosti za štetu pricinjenu trećim licima, tržište kasko osiguranja, tržište osiguranja auto nezgode, tržište osiguranje pomoći na putu, itd. U kontekstu ovog rada pod tržištem osiguranja imamo u vidu sveukupnost odnosa ponude i tražnje za svim vrstama usluga osiguravajućeg pokrića.

Tržište osiguranja određene zemlje može se opisivati velikim brojem faktora koji uključuju broj ponuđača, odnosno osiguravajućih društava, broj tražilaca usluga osiguravajućeg pokrića, broj vrsta osiguranja, veličinu ukupno ostvarene premije osiguranja i potencijal tržišta, itd. Najčešće korišćen pokazatelj stanja i stepena razvijenosti tržišta osiguranja jeste visina ukupno ostvarene premije osiguranja. Često se koriste i pokazatelji tržišne koncentracije, prisustva stranih osiguravača,

relativnog učešća dobrovoljnih i obaveznih osiguranja, veličine ostvarene premije životnih osiguranja, visine premije u neživotnim osiguranjima, premije osiguranja po stanovniku, premije osiguranja u odnosu na bruto domaći proizvod, itd. Premija osiguranja predstavlja cenu usluge osiguravajućeg pokrića, odnosno cenu rizika uvećanu za određeni nivo troškova sprovođenja osiguranja i profit osiguravača. Bruto premija osiguranja predstavlja cenu usluge osiguranja, odnosno novčani iznos koji osiguravajuće društvo naplaćuje od osiguranika, dok riziko premija, bruto premija umanjena za troškove, predstavlja cenu sprovođenja osiguranja. Premija osiguranja koja varira u zavisnosti od rizika suštinski varira u zavisnosti od verovatnoće ostvarenja štete i njenih potencijalnih posledica. Ona predstavlja njihov proizvod i u terminologiji osiguranja označava se pojmom čiste riziko premije. Zakonom o obligacionim odnosima (1978, čl. 912 i 913). determinisana je dužnost plaćanja i primanja premije, način plaćanja (vreme i mesto) kao i posledice naplaćanja premije. Specifičnost delatnosti osiguranja u određivanju veličine premije osiguranja, je činjenica da se cene usluga osiguranja, odnosno premije baziraju na procenjenim vrednostima koje, za razliku od drugih delatnosti, nisu poznate u momentu njihovog utvrđivanja. Imajući ovu specifičnost u vidu, jasno je da premijom osiguravajuća društva ne mogu upravljati na način kako to mogu druge organizacije. Jedina moguća opcija korigovanja premija osiguranja jeste smanjanje troškova i na toj osnovi smanjenje premije osiguranja. Premija osiguranja mora biti dovoljno velika da obezbedi pokriće rizika, troškova i profita osiguravajućeg društva i dovoljno mala da bude konkurenta na tržištu. Rast premija iznad visine koju su odredili konkurenti ili koju tržište ne može da prihvati doveo bi do opadanja tržišnog učešća i profitabilnosti a ugrozio bi i sam opstanak osiguravajućeg društva.

Odnose između ponude i tražnje na tržištu osiguranja determinišu veliki broj faktora.

Tražnja za osiguranjem zavisi pre svega od cenovne elastičnosti tražnje i dohodovne elastičnosti tražnje za osiguranjem. U osiguranju, cenovna elastičnost tražnje predstavlja meru promene tražnje za osiguranjem u zavisnosti od promene premije osiguranja. Teorijski cenovna elastičnost tražnje za osiguranjem može varirati između nule, što predstavlja perfektno neelastičnu tražnju, do negativne beskonačnosti, što predstavlja perfektno elastičnu tražnju. Međutim, istraživanja ukazuju da se najčešće javljaju varijacije između -1 i 0. Analizirajući praktičnu elastičnost tražnje životnih osiguranja u odnosu na promene premija osiguranja na tržištu (Babel, 1985) je utvrdio da tražnja varira i da je negativno elastična. Studija Brauna i Kima pokazala

je da je prosečna cenovna elastičnost tražnje u domenu životnih osiguranja – 0,24 (Browne, Kim, 1993). Studija Swiss Re-a (Sigma 5, 1993) iz 1993. godine pokazuje različite pokazatelje cenovne elastičnosti tražnje između zemalja i vrsta osiguranja. Na primer, u SAD za grupno osiguranje života cenovna elastičnost tražnje je -0,7, u Nemačkoj za komercijalno osiguranje rizika požara cenovna elastičnost tražnje se kreće u rasponu između -0,2 i -0,3 a u Japanu za osiguranje rizika požara cenovna elastičnost tražnje jednaka je -1. Kao što i sami autori studije Swiss Re-a navode, cenovne elastičnosti tražnje za osiguranjem ne bi trebale biti posmatrane kao egzaktno veličine već prvenstveno kao indikativne veličine koje ukazuju na stepen uticaja promena premija osiguranja na tražnju za osiguranjem.

Dohodovna elastičnost tražnje za osiguranjem predstavlja meru kojom se utvrđuje stepen u kome promene u nivou dohotka utiču na promene tražnje. Brojne studije (Browne, Chung, Frees, 2000; Hussels, Ward, Zurbruegg, 2005; Njegomir, Stojić, 2010; Njegomir, Stojić, 2011) ukazuju da nivo tražnje za osiguranjem varira srazmerno promenama bruto domaćeg proizvoda. Naime, sa rastom domaćeg bruto proizvoda dolazi i do rasta tražnje za osiguranjem. Empirijske studije ukazuju da je dohodovna elastičnost tražnje veća od 0 i da postoji pozitivna korelacija između veličine bruto domaćeg proizvoda i tražnje za osiguranjem. Jedna od prvih studija bilo je empirijsko istraživanje (Beenstock, Dickinson, Khajuria, 1986). U svom istraživanju koristeći podatke za industrijalizovane zemlje za period od 1970. do 1981. godine oni su utvrdili da je tražnja za životnim osiguranjem direktno pozitivno zavisna od nivoa dohotka, merenog veličinom bruto domaćeg proizvoda. Sledio je čitav niz studija koje su potvrđivale postojanje pozitivne veze između nivoa dohotka i tražnje za osiguranjem. Posebno izdvajamo studiju Swiss Re-a (Sigma 5, 1993) koja je pokazala da se dohodovna elastičnost tražnje u SAD-u za grupno osiguranje života kreće u rasponu između 2 i 2,5, u Nemačkoj za komercijalno osiguranje požara između 1,5 i 2, u Japanu iznosi 1,7 za rizik požara a u Čileu između 3 i 4. Dakle, dohodovna elastičnost tražnje veća je od cenovne, zbog čega zaključujemo da promene u dohotku utiču na promene u tražnji za osiguranjem više nego promene premija osiguranja.

Osim cenovne i dohodovne elastičnosti tražnje, na tražnju za osiguranjem utiče veći broj faktora. Pored očekivanih koristi i pojedinačne averzije ili tolerancije na rizik, tražnja za osiguranjem zavisi od ekonomskih kretanja na koja ukazuje i dohodovna elastičnost tražnje, kao i demografskih faktora, poput povećanja prosečne starosti stanovništva i sve većeg učešća osoba preko 60 godina u ukupnoj populaciji zbog čega se može

očekivati povećano interesovanje za uslugama osiguravajućeg pokrića koje imaju naglašen štedni element kao i povećanje tražnje za uslugama osiguravajućeg pokrića koje obezbeđuju dugoročnu zdravstvenu zaštitu. Empirijska istraživanja potvrđuju tezu da sa rastom nivoa obrazovanosti raste i tražnja za uslugama osiguranja, kako životnog tako i neživotnog, s obzirom da se povećava svesnost o značaju osiguranja (Outreville, 1996; Browne, Chung, Frees, 2000; Esho, Kirievsky, Ward, Zurbruegg, 2004). Menja se i struktura porodica pri čemu je većina istraživačkih studija saglasna da sa rastom broja dece raste potreba za životnim osiguranjem (Hussels, Ward, Zurbruegg, 2005). Takođe, na tražnju za osiguranjem utiče i mogućnost supstitucije usluga osiguranja sličnim oblicima posredne ekonomske zaštite, kulturološki, politički i drugi faktori.

Ponuda osiguranja determinisana je faktorima koji utiču na opredeljenje osiguravajućih društava da ponude usluge osiguravajućeg pokrića na tržištu i oni uključuju raspoloživu veličinu kapitala kojim raspoloživa osiguravajuća društva, cenovnu elastičnost ponude osiguranja, državnu regulativu, konkurentnost na tržištu osiguranja, međunarodno kretanje kapitala, barijere ulaska na tržišta i ciklična kretanja.

Kapital u osiguravajućim društvima predstavlja razliku između imovine, koju uglavnom čine gotovina i investicioni plasmani u različite oblike finansijske i nefinansijske aktive kao što su akcije, obveznice i nekretnine, i obaveza koje uglavnom čine rezerve osiguranja. Kapital osiguravajućim društvima omogućava zaštitu od negativnog odstupanja stvarnih šteta, troškova ili investicionih rezultata od planiranih veličina. Suštinski posmatrano, osiguravajuća društva prodajom usluga osiguravajućeg pokrića „rentiraju” kapital osiguravanih. Mogućnost prihvatanja rizika u osiguravajućem pokriću u direktnoj je zavisnosti od veličine raspoloživog kapitala. Veće zadržavanje rizika po pravilu zahteva rezervisanje većeg iznosa kapitala za pokriće rizika, prikupljanje dodatnog kapitala emisijom hartija od vrednosti, ili može biti obezbeđeno transferom rizika u reosiguranje. Time kapital predstavlja ključni ograničavajući faktor ponude usluga osiguravajućeg pokrića, odnosno faktor koji opredeljuje mogućnosti osiguravauća u pogledu razvoja poslovanja.

Specifičnost tržišta osiguranja jeste u relativno niskoj elastičnosti tražnje i specifičnoj, promenljivoj elastičnosti ponude u odnosu na druge sektore. Ponuda usluga osiguravajućeg pokrića varira u zavisnosti od kretanja premija osiguranja ali do određenog nivoa. Naime, ponuda osiguranja je ograničena regulatornim ograničenjima u pogledu odnosa premija i rezervi, odnosno potrebe očuvanja solventnosti. Teorijski posmatrano, sa inicijalnim rastom premija na tržištu, osiguravajuća

društva će povećati svoju ponudu gotovo proporcionalno rastu premija osiguranja do određenog nivoa koji je limitiran raspoloživim obimom kapitala. Međutim, regulatorno je obično određeno u kom obimu osiguravajuća društva mogu da preuzimaju obaveze (pripisuju premije osiguranja) u odnosu na raspoloživ kapital. Kada se dostigne ta granica osiguravajućim društvima više nije nužno da povećavaju premije s obzirom da će morati povećavati i obim raspoloživog kapitala. Povećanje obima raspoloživog kapitala mogu ostvariti uz dodatne troškove pribavljanja, bilo emisijom hartija od vrednosti ili transferom rizika. Do određenog nivoa povećanje obima raspoloživog kapitala biće opravdano ali će opisano stanje usloviti relativno sporiji rast ponude u odnosu na rast premija. Konačno, u ekstremnoj situaciji rast premija preko određene mere može usloviti relativno opadanje ponude osiguranja.

Konačno, ciklična kretanja premija osiguranja imaju značajnog uticaja na tržište osiguranja. Ciklusi u osiguranju karakteristični su za neživotna osiguranja. Za tržišta imovinskih i osiguranja od odgovornosti karakteristično je da fluktuiraju između perioda „čvrstog” tržišta, kada dominiraju strogi standardi osigurljivosti i visoke premije, i „mekog” tržišta, kada dominiraju liberalni standardi osigurljivosti i niske premije. Faze ciklusa u osiguranju i reosiguranju mogu se opisati na sledeći način: inicijalno kada su profiti relativno visoki neki osiguravači u nastojanju da unaprede svoju prodaju počinju da snižavaju nivoe premija osiguranja i postaju popustljiviji u pogledu rizika koje primaju u osiguravajuće pokriće. Ovakvo ponašanje uzrokuje veće gubitke po osnovu poslova osiguranja. Rastući gubici i opadajuće cene uzrokuju pad profita. U drugoj fazi ciklusa osiguravči, odnosno reosiguravči, nastoje da povrate profite povećanjem premija i restriktivnijim uslovima primanja rizika u osiguravajuće, odnosno reosiguravajuće pokriće, nudeći pokriće samo za „najsigurnije” rizike. Ove restrikcije mogu biti toliko jake da određene vrste rizika učine neosigurljivim. Redukovani gubici i uvećane premije dovode do porasta profita, kada ciklus počinje da se ponavlja. Trajanje jednog ciklusa je, istorijski posmatrano, ograničeno na tipične periode od pet do sedam godina. Za različite zemlje različiti su i podaci za trajanje ciklusa. Na primer, u Italiji zabeleženo prosečno trajanje ciklusa je 4,84 godine, u Australiji 5,18 godina, u Japanu 7,07 godina, u SAD 7,39 godina, u Francuskoj 10,19 godina a u Holandiji čak 12,03 godine (Hartwig, 2005).

Tržišni učesnici na strani ponude uključuju osiguravajuća društva, koja se uobičajeno javljaju kao akcionarska ili društva za uzajamno osiguranje. Najčešća u svetu a u Srbiji isključivo prisutna su akcionarska osiguravajuća društva. Pored njih, na tržištu se javljaju i

Lloyd's udruženja, pulovi za saosiguranje, sopstvena društva za osiguranje, plavi krst i plavi štit, organizacije za pružanje zdravstvenih usluga, klubovi za zaštitu i obeštećenje, a u uslovima slobodnog kretanja kapitala (EU) na strani ponude pojavljuju se i prekogranična ponuda osiguranja. Na strani tražnje na tržištu osiguranja pojavljuju se ugovarači osiguranja, osiguranici, korisnici osiguranja, nosioci stvarnih prava na osiguranoj stvari i pribavioci osigurane stvari.

Odnosi između tržišnih učesnika, u većini slučajeva, uspostavljaju se na principima dobrovoljnosti. Specifičnost tržišta osiguranja je u činjenici da ovi odnosi mogu biti uspostavljeni i kao posledica zakona i ugovora. Za pojedine vrste osiguranja zakonom se može uspostaviti obaveznost zaključivanja ugovora. Osiguranje od autoodgovornosti predstavlja tipičan primer vrste osiguranja čije je zaključenje za vlasnike vozila u gotovo svim zemljama u svetu obavezno. Takođe, obaveznost zaključenja osiguranja a time i obaveznost uspostavljanja odnosa između ugovornih strana može biti uspostavljena i ugovorom. Zaključivanjem ugovora o različitim vrstama kredita korisnici kredita se mogu obavezati i na zaključenje ugovora o osiguranju kredita a u pojedinim slučajevima i riziko životnog osiguranja.

3. SPECIFIČNOSTI MARKETINGA U OSIGURANJU

Celokupni marketinški naponi svih organizacija, uključujući i osiguravajuća društva, jesu da se pravi proizvodi ili usluge nađu na pravom mestu, po pravnoj ceni i da budu prezentovani na pravi način kako bi se obezbedila što veća prodaja, prihodi i profit koji je osnovna za rast i razvoj svake organizacije, uključujući i osiguravajuća društva. Marketing koncepcija polazi od činjenice da je lakše pružiti potrošačima ono što žele nego ih ubeđivati da kupuju ono što kompanije proizvode, odnosno nude na tržištu. Suštinski, marketing koncepcija podrazumeva da sve poslovne aktivnosti i funkcije moraju biti usmerene u pravcu zadovoljenja potreba potrošača na profitabilan način.

Osiguravajuća društva kao i druge organizacije marketing aktivnosti započinju prvo istraživanjem tržišta. Prvo se pristupa PEST analizi, odnosno analizi makro okruženja, odnosno političkim, pravnim, ekonomskim, demografskim, tehnološkim i kulturološkim trendovima a potom analizi mikro okruženja, odnosno potrošača, konkurenata, internog okruženja, dobavljača i posrednika, kako bi se izvršila SWOT analiza i interne snage uparile sa eksternim mogućnostima, eksterne opasnosti izbegle a efekat sopstvenih slabosti umanjio. Nakon detaljne PEST i SWOT analize pristu-

pa se segmentaciji tržišta, odnosno deljenju tržišta na segmente koji se mogu zadovoljiti na najefikasnij način, poput segmenata pravnih i fizičkih lica, ili segmenata po vrstama osiguranja i na druge načine a potom se osiguravajuće društvo i usluge osiguranja koje nudi pozicioniraju na tržištu. Nakon toga bira se kombinacija instrumenata marketing miksa – proizvoda, cene, distribucije i promocije – koja najbolje odgovara izabranom tržišnom ili tržišnim segmentima.

Navedene aktivnosti slične su po redosledu i načinu izvođenja za sve organizacije. Međutim, osiguranje ima nekoliko specifičnosti koje određuju način primene instrumenata marketing miksa.

Pre svega ima se u vidu specifičnost osnovnih elemenata osiguranja: predmeta osiguranja, rizika, premije, osiguranog slučaja i naknade iz osiguranja. Takođe, u osiguranju je ključno poverenje, s obzirom da osiguranje predstavlja obećanje budućeg plaćanja koje je uslovljeno ostvarenjem potencijalne štete koja se može ali i ne mora desiti. Povezano za osnovne elemente osiguranja se određuju i usluga u osiguranju, premija osiguranja ali i način distribucije i promocije osiguranja.

Osnovna težnja svakog osiguravajućeg društva mora biti obezbeđenje adekvatnog portfelja usluga osiguravajućeg pokrića koje će dovesti do punog zadovoljstva klijenata po pitanju uključenih predmeta osiguranja i uključenih rizika ali i ostvarenje maksimizacije profita za osiguravajuće društvo. Svakako, osnovni ciljevi svakog osiguravajućeg društva jesu ostvarenje visoke profitabilnosti i organskog rasta i razvoja društva, očuvanje i jačanje zauzete tržišne pozicije kao i širenje na druga tržišta izvan zemlje ili putem razvoja novih vrsta osiguranja. Kada je reč o portfelju usluga osiguravajućeg pokrića, maksimalno zadovoljstvo klijenta moguće je ostvariti pružanjem paketa usluga i ponudom „rešenja“ pokrića a na „proizvoda“, kontinuiranom saradnjom sa klijentima, ugovaračima osiguranja, sa ciljem razvoja novih usluga osiguravajućeg pokrića baziranim na njihovim potrebama. Pri tome, osnovno nastojanje jeste maksimizacija profita na ukupnoj ponudi, odnosno ukupnom portfelju usluga osiguranja, a ne nužno i na svakoj pojedinačnoj usluzi osiguravajućeg pokrića.

U sklopu upravljanja uslugama osiguravajućeg pokrića, odnosno izbalansiranog portfelja osiguranja kao ukupne ponude usluga osiguravajućeg društva treba voditi računa i o aktivnostima efikasnog upravljanja portfeljom. Jedan od pristupa jeste povećanje tržišnog udela u vrstama osiguranja koja su se pokazala najprofitabilnijim, odnosno u kojima se ostvaruje najmanji ratio šteta ali i ukupna razlika između prikupljene premije osiguranja, s jedne strane, i troškova sprovođenja osiguranja (pre svega troškova pribave). Takođe, neophodno je smanjenje tržišnog udela, a po mogućnosti i

potpuno izbegavanje, vrsta osiguranja ili određenih usluga osiguravajućeg pokrića unutar pojedinih vrsta osiguranja, kod kojih je u prethodnom periodu ispoljen izuzetno negativan odnos premija i zbira šteta i troškova. Potrebno je obezbediti kontinuirani razvoj novih usluga osiguranja primerenih potrebama klijenata, kreiranje što većih portfelja sličnih rizika kako bi se redukovale varijacije godišnjih rezultata kao i proširenje diverzifikacije po vrstama osiguranja koje treba ostvariti putem fokusiranog i kontinuiranog razvoja usluga osiguranja kroz kreiranje novih i izmenu postojećih proizvoda, usmeren na određeni segment klijenata i kanal prodaje, u cilju maksimalnog zadovoljenja potreba klijenata.

Prodaja usluga osiguravajućeg pokrića krana je svih aktivnosti u osiguravajućim društvima a istovremeno predstavlja i osnovu opstanka i razvoja. Poznata je stara izreka da osiguravajuće društvo vredi toliko koliko vrede zaposleni u njemu. Pri tome se prvenstveno misli na ljude zaposlene u prodaji osiguranja ali i ljude sa kojima je osiguravajuće društvo povezano, koji nisu neposredno angažovani u osiguravajućim društvima ali od čijih sposobnosti u velikoj meri zavise mogućnosti ostvarenja boljih ili lošijih prodajnih rezultata a time u velikoj meri i boljih ili lošijih rezultata ukupnog poslovanja društava za osiguranje. Prodaja osiguranja suštinski predstavlja distribuciju usluga osiguravajućeg pokrića. Distribucija osiguranja uglavnom se ostvaruje putem direktne prodaje ali i posredstvom posrednika i zastupnika, dok se u novije vreme razvijaju alternativni kanali prodaje poput prodaje putem bankosiguranja, interneta, mobilnih aplikacija i drugih kanala. Osnovni cilj u upravljanju distribucijom jeste da se obezbedi optimalan, izbalansiran miks prodajnih tehnika i internih i eksternih kanala prodaje koji će obezbediti maksimizaciju profitabilnosti baziranu na dugoročnim odnosima poverenja i saradnje sa ciljnim grupama klijenata čije zahteve i potrebe u pogledu pokrića rizika kojima su izloženi takav miks treba da obezbedi na superioran način, odnosno sa većom budućom preferencijom potencijalnih klijenata kompanije u odnosu na konkuren-te.

Promotivne aktivnosti predstavljaju deo marketing miska instrumentarija koji je najvidljiviji javnosti i potencijalnim osiguranicima a koji mora po svim aspektima biti u skladu sa navedenim specifičnostima usluge osiguranja kao i premije osiguranja. Promotivne kampanje bi trebalo organizovati tako da budu usklađene sa najboljim periodom tražnje za određenim uslugama osiguranja, odnosno da budu usklađene sa prodajnim naporima i to: osiguranje poljoprivrede (april – jul), osiguranje malih i srednjih preduzeća (septembar – decembar), putno zdravstveno osiguranje (april – avgust

i decembar – februar), osiguranje domaćinstava (mart – avgust) i sl. Što je moguće prilagođenije klijentima treba koristiti različite pristupe promocije. Poruke treba da budu takođe prilagođene ciljanoj kategoriji klijenata. Što je moguće više fokusirati poruke na zaštitu osiguranika od različitih opasnosti. Konačno, promotivne kampanje treba da budu usmerene na konkretne proizvode, u slučaju neadekvatne prodaje ili u slučaju inoviranih ili novih usluga osiguranja koje se prvi put pojavljuju u ponudi osiguravača ili na institucionalnu promociju.

4. NEOPHODNOST HOLISTIČKOG MARKETINGA U OSIGURANJU

Trendovi koji su definisali novu marketinšku stvarnost u prvim godinama XXI veka podstakli su organizacije da prihvate novi pristup marketingu – holistički marketing. Holistički marketing podrazumeva neophodnost istovremene primene različitih aspekata marketinga. Holistički marketing uvažava širinu i složenost marketinških aktivnosti i sadrži četiri komponente: marketing odnosa, integrisani marketing, interni marketing i marketing usmeren na performanse.

Marketing odnosa usmeren je na izgradnju dugoročnih odnosa sa ključnim zainteresovanim grupama sa ciljem da se ostvare pozitivni poslovni rezultati i očuva poslovna saradnja sa njima. Marketing odnosa daje velike mogućnosti osiguravajućim društvima da održavaju dugoročne odnose sa svojim klijentima. Cilj marketing odnosa jeste da se uspostave trajne veze sa ugovaračima osiguranja, odnosno osiguranicima, koje direktno ili indirektno utiču na uspeh marketinških aktivnosti osiguravača, odnosno sa onima koji imaju uticaja na poslovne rezultate.

Integralni marketing polazi od pretpostavke ostvarenja sinergijskih efekata u kombinovanju marketinških aktivnosti, na koje smo ukazali u prethodnom izlaganju. Postoje različite marketinške aktivnosti koje omogućavaju da se kreira, predstavi i isporuči vrednost kupcima. Na marketarima je da različite aktivnosti pojedinih instrumenata marketing miksa ukomponuju i primenjuju imajući u vidu sve ostale aktivnosti.

Interni marketing se odnosi na zaposlene, usklađivanje sa višim nivoima menadžmenta i horizontalno sa drugim odeljenjima ili sektorima osiguravajućeg društva. Interni marketing odnosi se na zapošljavanje, obuku i motivisanje zaposlenih koji žele da dobro usluže kupce. Besmisleno je obećavati odličnu uslugu ako zaposleni nisu spremni da je pruže.

Marketing usmeren na performanse zahteva razumevanje značaja finansijskih i nefinansijskih ciljeva za osiguravača i društvo u celini. Finansijski rezultati ostvareni u vidu prihoda od prodaje su ključni za opstanak kompanije. Prihodima od prodaje obezbeđuje se pokriće svih troškova koji su nastali u obezbeđenju pravih proizvoda, po pravoj ceni, na pravom mestu i na pravi način. Sve značajniji postaju nefinansijski rezultati kao što je tržišno učešće kompanije ili proizvoda, zadovoljstvo kupaca, kvalitet proizvoda i dr.

Primena holističkog marketinga u osiguranju je izuzetno značajna. Holistički marketing zapravo omogućava povezivanje različitih sektora osiguravajućih društava u celinu napora za zadovoljenje klijenata i ostvarenje profita. Na primer, kod isplate naknada šteta, finansijski sektor kao i pravni sektor će biti stimulisani da ospore isplatu naknade s obzirom na njihove specifične sektorske ciljeve i suštinu rada. Posebno je pravni sektor ili odeljenje usmeren na vođenje sporova sa klijentima. Sa marketinškog aspekta, odnosno održavanja dugoročnih pozitivnih odnosa sa klijentima i dugoročne profitabilnosti i rasta, sporovi sa klijentima oko isplate odštetnih zahteva nisu najbolje rešenje. Na primer, ako je neadekvatno ostvarena naknada šteta, svi ostali marketinški naponi biće bezuspešni. Takođe, posebno je značajan i marketing usmeren na zaposlene kao i marketing odnosa koji omogućava kreiranje i održavanje dugoročnih odnosa sa korisnicima usluga osiguravajućeg pokrića.

Isplata odštetnih zahteva je najtransparentniji aspekt poslovanja osiguravača za ugovarače osiguranja, osiguranike, odnosno korisnike osiguranja, kao i ključni razlog zaključivanja ugovora o osiguranju. Ako isplata odštetnih zahteva nije u potpunosti u skladu sa očekivanjima osiguranika, odnosno u skladu sa onim što im je promotivnim i prodajnim aktivnostima saopšteno, oni će izraziti nezadovoljstvo koje će se odraziti ne samo na njihove buduće izbore osiguravajućeg društva, već će svoje negativno iskustvo podeliti sa svima. Studija osiguravajućeg grupacije Chubb Group (2002) pokazuje da iskustvo u pogledu rešavanja odštetnog zahteva kod 76% ispitanika igra važnu, a u velikom broju slučajeva i presudnu ulogu pri izboru osiguravajućeg društva. Osiguranici nastoje da izbegnu ona osiguravajuća društva koja su poznata po svojoj lošoj reputaciji u pogledu ispunjenja odštetnih zahteva. Osim usmenih preporuka, u SAD postoji i internet stranica, koju je kreirala *National Association of Insurance Commissioners*, putem koje su obezbeđene informacije potrošačima u pogledu spornih odštetnih zahteva.

Naime, polazeći od ključnih karakteristika osiguranja, nematerijalni karakter (neopipljivost), kvarljivost

(ne mogu biti skladištene i jednom propuštena prilika da se prodaju je zauvek izgubljena), heterogenost, neodvojivost procesa proizvodnje i potrošnje i odsustvo vlasništva, jasno je da kod pružanja usluga osiguranja kvalitet usluge zavisi ne od toga koliko je usluga osiguranja tehnički dobro strukturirana, već pre svega od percepcije kvaliteta od strane klijenata, odnosno, osiguranika ili korisnika osiguranja. Ta percepcija se kreira najsnažnije pod uticajem usmene reči, jer su ljudi, zbog navedenih karakteristika usluga, najskloniji postupanju u skladu sa savetima svojih prijatelja koji su bazirani na prethodno stečenom iskustvu korišćenja usluga (Ehrlich, Fanelli, 2004). U slučaju osiguravajućeg sektora, iskustvo u pogledu rešavanja odštetnog zahteva biće ključno za određenje kvaliteta usluge i širenje pozitivnih preporuka, a time i stvaranja konkurentske prednosti, privlačenja novih i zadržavanje postojećih osiguranika.

5. SPECIFIČNOSTI DIGITALNOG MARKETINGA U OSIGURANJU U POST KOVID-19 USLOVIMA

Uticaj pandemije Kovid-19 na osiguravajuća društva bio je dvojak. S jedne strane uticao je na obavljanje poslova osiguranja i povećani rizik a s druge na osiguravače kao poslodavce. Osiguravajuća društva su samo u prvoj godini pandemije izgubila otprilike 48% svoje tržišne vrednosti prema *Coforge* (2020). Posebno su pogođeni osiguravači životnog i zdravstvenog osiguranja čiji je prosečni pad tržišne vrednosti od početka krize iznosio 58%. Troškovi testiranja i lečenja u uslovima pandemije Kovid-19 su smanjili profit.

Brojni su uticaji, međutim, pored pada profitabilnosti i tržišne vrednosti. Oni su se videli u izazovima rada u obavljanju delatnosti osiguranja, povećanoj potrebi ka digitalizaciji poslovanja, strategijama, spajanjima i pripajanjima, promenama kod potrošača, finansijskog izveštavanja i mnogim drugim. Izazovi postavljeni u pogledu digitalizacije i promene osiguranika bili su najopsežniji. Praktično preko noći, tražilo se od osigu-

ravajućih društava da podrže preusmeravanje zahteva kupaca na digitalne kanale, rekonfigurišu lance snabdevanja, angažuju dodatne neophodne kapacitete, da obezbede angažovanost sopstvene radne snage, licence i opremu za podršku radu na daljinu. Rano ulaganje u digitalne prodajne procese tokom pandemije Kovid-19 pokazalo se ključnim elementom u uspešnom održavanju kontakta sa kupcima.

Pre a posebno tokom i nakon pandemije razvijala se paralelno sa uticajem same pandemije nova koncepcija marketinga – digitalni marketing. Digitalni marketing nastaje zahvaljujući promenama u tehnologiji i uticaju tehnoloških promena na potrošače. Tehnološke promene vidljive su već dve decenije ali su tek poslednjih nekoliko godina počele da kreiraju kolektivni uticaj te da tako utiču i na prakse marketinga širom sveta. Tehnološke promene uzrokuju nove trendove kao što je 1) ekonomija „deljenja“, 2) ekonomija „sada“, 3) višekanalna integracija, 4) sadržajni marketing, 5) društveni menadžment odnosima sa potrošačima i dr. Ekonomija „deljenja“ ili popularno „šerovanja“ podrazumeva da su kompanije konstantno izložene mogućnosti da potrošači utiču na druge potrošače, pozitivno ili negativno, zavisno od njihovog zadovoljstva sa proizvodom ili uslugom. Ekonomija „sada“ proizilazi iz potrebe potrošača da su im proizvodi i usluge kao i mogućnost komuniciranja sa kompanijom dostupne uvek, 24 časa, 7 dana nedeljno. U izmenjenim uslovima marketari moraju primenjivati višekanalni marketing. Potrebno je kombinovati različite kombinacije instrumenata marketing miksa a posebno miksa kanala distribucije i promocije. Distribucija „do vrata“ postaje sve poželjnija a ponuda, promocija i narudžbina sve više se ostvaruju putem interneta i istovremeno. Mlade generacije od interneta najviše koriste društvene mreže čemu marketari moraju da prilagode marketinške aktivnosti. Promene kod potrošača ilustruje tabela 1.

U svetlu tehnoloških promena, potrošači sve više žele unikatni proizvod ili uslugu, unikatni medij, unikatnu prodaju, odnosno individualno prilagođen marketing (masovno prilagođavanje). U novom marketingu kompanija i potrošači imaju ulogu u kreiranju i promovisanju proizvoda i usluga.

Tabela, br. 1: Promene u odnosu na potrošače od tradicionalnog ka digitalnom marketingu

Od	Do
Potrošača kao masovnog tržišta	Potrošača kao dinamične mreže
Komunikacije se odašilju potrošačima	Komunikacije su dvosmerne
Kompanije imaju ključni uticaj (influenseri)	Potrošači imaju ključni uticaj
Marketing ubeđuje na kupovinu	Marketing inspiriše kupovinu, lojalnost i propagiranje
Jednosmerno kretanje vrednosti	Dvosmerno kretanje vrednosti
Ekonomija obima	Ekonomija potrošačke vrednosti

Izvor: Rogers, D.L. (2016).

Pored navedenih promena desile su se i specifične promene u domenu osiguranja u toku a posebno nakon pandemije. Demografske promene kao što je starenje stanovništva i povezani zahtevi za zdravstvenim sistemom, porast hroničnih bolesti, kao i povećani i promenljivi regulatorni zahtevi, sužavaju mogućnosti zarade. Troškovi su u centru pažnje više nego ikad. Ovome se pridružuje činjenica da regulatorni organi pažljivije nadziru provizije i profitne marže, a zahtevi za transparentnošću se povećavaju zbog porasta premija i opadanja prihvatanja kupaca, kako među kupcima, tako i među regulatorima.

Povećana osetljivost na premije i smanjeno razumevanje usluga dopunskog osiguranja, posebno među mlađom generacijom, dovode do pada potražnje za dopunskim proizvodima. Promene u ponašanju kupaca i opadanje lojalnosti kupaca takođe se primećuju u svetlu poboljšane transparentnosti premija, npr. putem agregatora, i pojednostavljenih procesa zamene polisa osiguranja. Kao odgovor većina osiguravača pokušava da ojača kanale distribucije. Iako je kratkoročni izazov povećati digitalizaciju ili ne, post pandemijski uslovi će verovatno srednjeročno i dugoročno masovno ubrzati digitalizaciju prodajnih procesa u delatnosti osiguranja.

Osigurani se vrlo nerado vraćaju u „analogni” svet, jer je zavisnost od digitalnih kanala dovela do promenjenih potreba kupaca, budućih osiguranika. Pad lojalnosti kupaca zbog veće transparentnosti premija kao i digitalizacija i automatizacija procesa stvaraju povećanu konkurenciju i pritisak troškova, povećavajući potrebu za digitalnom transformacijom. Osiguravači i posrednici u osiguranju moraju da se uvere da su spremni za digitalne procese, od prodajnih kanala i interakcije sa klijentima do analize podataka. Očekujemo da će distribucija osiguranja u budućnosti biti deo „ekosistema”, na primer, integrisanog u potrošačku robu ili životne situacije i stambene kupovine. Ekosistemska partnerstva nude mogućnost proširenja uloge osiguravača i distributera izvan plasmana proizvoda. Kroz partnerstva, osiguravači mogu pristupiti novim zaštićenim podacima kako bi produbili svoje odnose sa kupcima i privukli nove kupce. Sa povećanjem obima podataka o ekosistemima, osiguravači kao i distributeri osiguranja će moći ponuditi personalizovane proizvode i usluge svojim kupcima, značajno poboljšavajući iskustvo kupaca.

6. ZNAČAJ MARKETINGA ZA OSIGURAVAJUĆA DRUŠTVA

Uspeh poslovnih aktivnosti osiguravajućih društava oduvek se bazirao na sposobnosti da se donose i implementiraju adekvatne odluke koje uvek imaju u vidu

razmatranje različitih opcija u pogledu odnosa rizika i prinosa. Među najznačajnijim za uspeh na tržištu osiguranja su odluke o marketinškim aktivnostima. Naime, primena marketing koncepcije predstavlja sredstvo putem koga osiguravajuća društva mogu bolje da se prilagode tržišnim uslovima i zbog toga ona predstavlja nužnost u njihovom poslovanju.

Marketing je dinamičan proces. On zavisi od mikro i makro okruženja, odnosno od konkurentskih pritiska, ekonomske situacije, potreba potrošača, tehnologije i zakonodavstva. Ovi faktori utiču na menjanje marketinških aktivnosti tokom vremena. S obzirom da se marketing odnosi na budućnost, odnosno utiče na buduće ponašanje ljudi, rezultati su uvek podložni neizvesnosti i riziku.

Masovna ponuda usluga osiguravajućeg pokrića je omogućila zadovoljenje potreba osiguranika ali je dovela i do širokog izbora usluga osiguranja. Osiguravajuća društva nastoje da pobede svoje konkurente ponudom jasnih razlika u uslugama osiguravajućeg pokrića u nadi da će ugovarači osiguranja uvideti postojanje razlika, odnosno unapređenja u odnosu na konkurentne usluge. Osnovne razlike koje marketing može kreirati su u domenu usluga, premije osiguranja, distribucije i promocije. Uloga marketinga je jačala u nastojanju obezbeđenja veće prodaje usluga osiguranja u odnosu na konkurenciju. Marketing postaje ključan za unapređenje poslovnih performansi i za kreiranje tražnje.

Dakle, ključni značaj marketinga za osiguravajuća društva jeste kreiranje tražnje a preko kreiranja i povećanja tražnje, odnosno privlačenja potencijalnih ugovarača osiguranja, povećanje fakturisane premije i ukupnih prihoda od prodaje usluga osiguranja a time i profitabilnosti osiguravača. Takođe, povećavanjem tražnje za osiguranjem i povećavanjem broja osiguranika, odnosno broja rizika prihvaćenih u portfelje osiguravača omogućena je bolja disperzija rizika a time i održivost pružanja usluga osiguravajućeg pokrića, što je u interesu osiguranika, osiguravača i društva u celini.

Umesto da se brine samo o ponudi usluga osiguranja i da se pokušava prodati ono što se nudi tržištu usvojena je marketing orijentacija koja polazi od potreba kupaca i nastoji da zadovolji te potrebe i zahteve na profitabilan način. Značaj marketinga se sa globalizacijom, ekonomskim, tehnološkim i društvenim promenama povećava s obzirom da je više nego ikad potrebno pratiti zahteve potrošača i težiti njihovom zadovoljenju.

7. ZAKLJUČAK

Osiguravajuća društva posluju na tržištu osiguranja. Tržište osiguranja predstavlja sveukupnost odnosa po-

nude i tražnje osiguranja. Na strani tražnje na tržištu osiguranja su ugovarači osiguranja, osiguranici, korisnici osiguranja, nosioci stvarnih prava na osiguranoj stvari i pribavioci osigurane stvari. Takođe, pojavljuju se i treća oštećena lica u osiguranjima od odgovornosti koji su potražiocima naknade iz osiguranja ali se suštinski ne pojavljuju kao subjekti tražnje za osiguravajućim pokrićem. Na strani ponude su tradicionalna osiguravajuća društva kao i Lloyd's udruženja, pulova za saosiguranje, sopstvenih društava za osiguranje i dr. Osiguravajuća društva ne funkcionišu u izolaciji i marketing predstavlja njihovu sponu sa tržišnom realnošću, odnosno tražiocima osiguranja i konkurentima.

Specifičnosti marketinga u osiguranju proizilaze iz specifičnosti delatnosti osiguranja. Pre svega se ima u vidu sama usluga osiguranja, koja predstavlja obećanje budućeg plaćanja, zbog čega joj mora biti posvećena posebna pažnja. Takođe, cena u osiguranju je specifična. Premija osiguranja varira u zavisnosti od rizika, odnosno zavisi od verovatnoće ostvarenja štete i njenih potencijalnih posledica, ali treba da pokrije i troškove poslovanja i profit. Iz ovih specifičnosti proizilazi i način primene instrumenata marketing miksa.

Primena holističkog marketinga postaje sve značajnija. Posebno se u osiguranju, recimo, ima u vidu naknada šteta. Ako je neadekvatno ostvarena naknada šteta, svi ostali marketinški naponi biće bezuspešni. Takođe, posebno je značajan i marketing usmeren na zaposlene kao i marketing odnosa koji omogućava kreiranje i održavanje dugoročnih odnosa sa korisnicima usluga osiguravajućeg pokrića.

U digitalnom dobu koje je zahvatilo i delatnost osiguranja, sve važnijom se nameće potreba za primenom digitalnog marketinga. Naročito podsticaj razvoju digitalnog marketinga u osiguranju dala je pandemija Kovid-19 i transformacija preferencija osiguranika i ugovarača osiguranja ka kupovini rapsoloživih usluga osiguranja online. Ovaj trend naročito će biti izražen u budućem periodu.

Značaj marketinga jeste povećanje tražnje čime se povećava broj ljudi koji se osiguravaju. Na taj način se podržavaju osnove osiguranja – atomizacija rizika u portfeljima osiguranja osiguravajućih društava. Dakle, ključni značaj marketinga jeste upravo dugoročno održivo osiguranje uopšte kao i uspeh osiguravajućih društava. Navedeno naglašava kontinuiranu relevantnost istraživanja sprovedenih u radu.

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Specificity and importance of marketing for success in the business of insurance companies

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Abstract

The success of all business activities in the insurance and reinsurance industry is valued on the market, that is, by insureds. If insurance companies fully satisfy the requirements and needs of the insured in the right way, they will achieve business success. The aim of the research in the paper is to analyse the specificity and importance of marketing for the success of insurance companies. The key conclusion is that marketing results in a satisfied insured and a profitable insurer. Also, marketing in insurance ensures the growth of demand, which not only ensures higher income from the sale of insurance but also enables better risk atomisation, which, combined, enables the long-term sustainable business of insurance companies.

Key words: marketing, market, insurance, insurers, business success.

1. INTRODUCTION

The idea of organised protection against dangers that threatened human life and property, by applying the principle of reciprocity and solidarity, on which modern insurance is based, originated in the original human community and was realised throughout the entire historical development of insurance. Risk pooling means extending the possible damages of group members to the entire group, so that in this process the average damage is a substitute for the actual damage (solidarity), which atomises the aggregate risk by dividing it among a large number of members of the risk community. Modern insurance is based on reciprocity, the transfer of risk from the insured to insurance companies, the randomness of damages and

compensation for the resulting damages. At the core of modern insurance is the atomisation of risk exposure in insurers' insurance portfolios. Thanks to atomisation, insurance ensures long-term sustainability and the function of financial compensation to policyholders. This atomisation is achieved through the application of the *law of large numbers*, that is, through the mass purchase of insurance coverage for risks covered by insurance contracts.

Marketing as a term is defined in different ways in the literature. We consider the most adequate definition to be the one given by the British Institute of Marketing, which reads: "marketing is a management process responsible for identifying, anticipating and satisfying consumer demands in a profitable way" (CIM, 2015). It consists of three pillars (Kotler, 1984): 1) customer orientation, 2) integrated marketing (it is much more than the sum of functions and tasks) and 3) customer satisfaction. Essentially, marketing is aimed at identifying and satisfying individual and social needs while making a profit, which is the main driving motive of an organisation that satisfies needs, except in the case of non-profit organisations. According to Drucker, only innovation and marketing produce results and everything else is costs (Drucker, 1993).

Often in insurance companies, the terms "sales" and "marketing" are equated and interchangeably used. Marketing is a much broader term and in addition to sales, it includes the insurance coverage service itself and its adjustment to the requirements and needs of the insured, insurance premium and promotion. In a broader sense, both the method of settlement of compensation claims and the satisfaction of the insured with the transparency of the settlement of claims and the payment of insurance compensation are directly related to their satisfaction and thus the success of marketing activities as well as the long-term sustainable business of the insurer.

Marketing is used in different meanings, to describe a certain part of the organisation, to describe certain

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techniques or to describe an approach to business and management. In the context of insurance, marketing has all these meanings, considering that it represents orientation towards the market and part of the organisation and application of certain specific instruments in order to increase demand, ensure the satisfaction of the insured and at the same time the profit and long-term business success of insurance companies.

The aim of the research in the paper is to analyse the specificity and importance of marketing for the success of insurance companies. In order to achieve the set goal, we will first point out the specifics of the insurance market and then the importance of marketing in insurance, the application of marketing mix instruments and the necessity of a holistic marketing approach in insurance.

2. THE INSURANCE MARKET

The insurance market, analogously to the definition of the market in general, can be defined as a mechanism for meeting the supply and demand of insurance services, that is, providers and buyers of insurance coverage services. The insurance market essentially represents the totality of the relationship between supply and demand for insurance services (Njegomir, 2011a). Although the basic characteristics are similar in functioning to all other markets, the insurance market has characteristics that make it specific, and they include the existence of several markets depending on the type of insurance, the specificity of the service itself and the method of determining the insurance premium, the basis for establishing relationships between market entities and the specificity of demand determinants and offers.

Each type of insurance implies the existence of different insurance coverage services, which is why it can essentially be considered a separate market. The insurance market could be divided into the life insurance market and the non-life insurance market, the non-life insurance market into the motor vehicle insurance market, the agricultural insurance market, the household insurance market, etc. Each of the listed markets determined by a certain type of insurance could be further divided. The motor vehicle insurance market, for example, includes the third-party liability insurance market for motor vehicle owners, the comprehensive insurance market, the car accident insurance market, the roadside assistance insurance market, etc. In the context of this paper, the insurance

market refers to the totality of supply and demand for all types of insurance coverage services.

The insurance market of a certain country can be described by a large number of factors that include the number of bidders, that is, insurance companies, the number of applicants for insurance coverage services, the number of types of insurance, the size of the total realised insurance premium and market potential, etc. The most frequently used indicator of the state and level of development of the insurance market is the amount of the total realised insurance premium. Indicators of market concentration, the presence of foreign insurers, the relative share of voluntary and mandatory insurance, the size of the realised life insurance premium, the amount of premium in non-life insurance, insurance premium per inhabitant, insurance premium in relation to gross domestic product, etc. are often used. The insurance premium represents the price of the insurance coverage service, i.e. the risk price increased by a certain level of insurance implementation costs and the insurer's profit. The gross insurance premium represents the price of the insurance service, i.e. the monetary amount that the insurance company collects from the insured, while the risk premium, the gross premium less costs, represents the cost of insurance. The insurance premium that varies depending on the risk essentially varies depending on the probability of the damage occurring and its potential consequences. It represents their product and in insurance terminology is denoted by the term pure risk premium. *The Law on Contracts and Torts* (also known as *The Law on Obligations* (1978, Art. 912 and 913)) defines the duty to pay and receive the premium, the method of payment (time and place) and the consequences of charging the premium are determined. The specificity of the insurance activity in determining the size of the insurance premium is the fact that the prices of insurance services, ie premiums, are based on estimated values which, unlike other activities, are not known at the time of their determination. Bearing this specificity in mind, it is clear that insurance companies cannot manage the premium in the way that other organisations can. The only possible option for correcting insurance premiums is to reduce costs and, on that basis, reduce insurance premiums. The insurance premium must be large enough to cover the risks, costs and profits of the insurance company and small enough to be competitive in the market. The growth of premiums above the level set by competitors or which the market cannot accept would lead to a decrease in market share and profitability and would threaten the very survival of the insurance company.

The relationship between supply and demand on the insurance market is determined by a large number of factors. The demand for insurance depends primarily on the price elasticity of demand and the income elasticity of demand for insurance. In insurance, the price elasticity of demand is a measure of the change in demand for insurance depending on the change in the insurance premium. Theoretically, the price elasticity of demand for insurance can vary between zero, which represents perfectly inelastic demand, to negative infinity, which represents perfectly elastic demand. However, research indicates that the most common variations occur between the values of -1 and 0. Analysing the practical elasticity of demand for life insurance in relation to changes in insurance premiums on the market, Babel (1985) determined that demand varies and it is negatively elastic. A study by Browne and Kim showed that the average price elasticity of demand in the domain of life insurance is -0.24 (Browne & Kim, 1993). A 1993 study by Swiss Re (Sigma 5, 1993) shows different indicators of the price elasticity of demand between countries and types of insurance. For example, in the USA for group life insurance the price elasticity of demand is -0.7, in Germany for commercial fire insurance the price elasticity of demand ranges between -0.2 and -0.3 and in Japan for fire insurance the price elasticity demand equals -1. As the authors of the Swiss Re study themselves state, the price elasticities of the demand for insurance should not be viewed as exact quantities, but primarily as indicative quantities that indicate the degree of influence of changes in insurance premiums on the demand for insurance.

The income elasticity of demand for insurance is a measure that determines the degree to which changes in the level of income affect changes in demand. Numerous studies (e.g. Browne, Chung & Frees, 2000; Hussels, Ward & Zurbruegg, 2005; Njegomir & Stojić, 2010; Njegomir & Stojić, 2011) indicate that the level of demand for insurance varies in proportion to changes in gross domestic product. Namely, with the growth of the domestic gross product comes an increase in the demand for insurance. Empirical studies indicate that the income elasticity of demand is greater than 0 and that there is a positive correlation between the size of the gross domestic product and the demand for insurance. One of the first studies was the empirical research of Beenstock, Dickinson & Khajuria (1986). In their research using data for industrialised countries for the period from 1970 to 1981, they found that the demand for life insurance is directly and positively dependent on the level of income, measured by the size of the gross domestic product. This was followed by a series of studies that confirmed the existence of a

positive relationship between the level of income and the demand for insurance. We particularly single out the Swiss Re study (Sigma 5, 1993), which showed that the income elasticity of demand in the USA for group life insurance ranges between 2 and 2.5, in Germany for commercial fire insurance between 1.5 and 2, in Japan it is 1.7 for fire risk and in Chile between 3 and 4. So, income elasticity of demand is higher than price elasticity, which is why we conclude that changes in income affect changes in demand for insurance more than changes in insurance premiums.

Apart from the price and income elasticity of demand, the demand for insurance is influenced by a number of factors. In addition to the expected benefits and individual risk aversion or tolerance, the demand for insurance depends on economic trends, as indicated by the income elasticity of demand, as well as demographic factors, such as the increase in the average age of the population and the increasing participation of people over 60 in the total population, which is why can expect an increased interest in insurance coverage services that have an emphasised savings element as well as an increase in demand for insurance coverage services that provide long-term health care. Empirical research confirms the thesis that with an increase in the level of education, the demand for insurance services, both life and non-life, increases, given that the awareness of the importance of insurance increases (eg Outreville, 1996; Browne, Chung & Frees, 2000; Esho, Kirievsky, Ward & Zurbruegg, 2004). The structure of families is also changing, with most research studies agreeing that as the number of children in a certain family increases, so does the need for life insurance (Hussels, Ward & Zurbruegg, 2005). Also, the demand for insurance is influenced by the possibility of substituting insurance services with similar forms of indirect economic protection, cultural, political and other factors.

The insurance offer is determined by factors that influence the determination of insurance companies to offer insurance coverage services on the market and they include the available size of capital at the disposal of insurance companies, the price elasticity of the insurance offer, state regulation, competition on the insurance market, international movement of capital, barriers to market entry and cyclical movements.

Capital in insurance companies represents the difference between assets, which are mainly cash and investment placements in various forms of financial and non-financial assets such as shares, bonds and real estate, and liabilities, which are mainly insurance reserves. Capital provides insurance companies with protection against negative deviations of actual

damages, costs or investment results from planned sizes. Essentially, by selling insurance coverage services, insurance companies “rent” capital to policyholders. The possibility of accepting the risk in the insurance coverage is directly dependent on the size of the available capital. Greater risk retention as a rule requires reserving a larger amount of capital to cover the risk, raising additional capital by issuing securities, or it can be ensured by transferring risk to reinsurance. Thus, capital represents a key limiting factor in the offer of insurance coverage services, that is, a factor that determines the possibilities of the insurer in terms of business development.

The specificity of the insurance market lies in the relatively low elasticity of demand and the specific, variable elasticity of supply compared to other sectors. The offer of insurance coverage services varies depending on the movement of insurance premiums, but up to a certain level. Namely, the insurance offer is limited by regulatory restrictions regarding the ratio of premiums and reserves, i.e. the need to preserve solvency. Theoretically, with the initial growth of premiums on the market, insurance companies will increase their offer almost proportionally to the growth of insurance premiums up to a certain level that is limited by the available volume of capital. However, it is usually regulated by rules and regulations to what extent insurance companies can assume liabilities (attribute insurance premiums) in relation to available capital. When that limit is reached, it is no longer necessary for insurance companies to increase premiums, considering that they will also have to increase the amount of available capital. An increase in the volume of available capital can be achieved with additional acquisition costs, either through the issuance of securities or the transfer of risk. Up to a certain level, the increase in the volume of available capital will be justified, but the described situation will cause a relatively slower growth of the supply compared to the growth of premiums. Finally, in an extreme situation, the growth of premiums beyond a certain level can lead to a relative decline in the insurance offer.

Also finally, cyclical movements in insurance premiums have a significant impact on the insurance market. Cycles in insurance are characteristic for non-life insurance. Property and liability insurance markets are characterised by fluctuating between periods of a “hard” market, when strict insurability standards and high premiums dominate, and a “soft” market, when liberal insurability standards and low premiums dominate. The stages of the cycle in insurance and reinsurance can be described as follows: initially when profits are relatively high some insurers in an effort to

improve their sales begin to lower the levels of insurance premiums and become more lenient with regard to the risks they accept in insurance coverage. This behaviour causes greater losses on the basis of insurance business. Growing losses and falling prices cause profits to fall. In the second phase of the cycle, insurers, or reinsurers, try to recover profits by increasing premiums and more restrictive conditions for accepting risks in insurance, or reinsurance coverage, offering coverage only for the “safest” risks. These restrictions can be so strong as to make certain types of risks uninsurable. Reduced losses and increased premiums lead to increased profits, as the cycle begins to repeat itself. The duration of one cycle has historically been limited to typical periods of five to seven years. The data for the duration of the cycle are also different for different countries. For example, in Italy the recorded average duration of the cycle is 4.84 years, in Australia 5.18 years, in Japan 7.07 years, in the USA 7.39 years, in France 10.19 years and in the Netherlands as much as 12.03 years (Hartwig, 2005).

Market participants on the supply side include insurance companies, which usually appear as joint stock or mutual insurance companies. The most common in the world and exclusively present in Serbia are joint-stock insurance companies. In addition to them, Lloyd’s associations, co-insurance pools, own insurance companies, blue cross and blue shield, organisations for the provision of health services, protection and indemnity clubs appear on the market, and in the conditions of free movement of capital (EU) on the supply side appear and cross-border insurance offer. On the demand side of the insurance market, there are policyholders, insureds, insurance beneficiaries, holders of real rights on the insured object and acquirers of the insured object.

Relations between market participants, in most cases, are established on the principles of voluntariness. The specificity of the insurance market lies in the fact that these relationships can be established as a consequence of laws and contracts. For certain types of insurance, the law may establish the obligation to conclude a contract. Auto liability insurance is a typical example of a type of insurance that is mandatory for vehicle owners in almost all countries in the world. Also, the obligation to conclude insurance and thus the obligation to establish relations between the contracting parties can be established by contract. By concluding contracts on different types of loans, loan users can commit themselves to concluding contracts on loan insurance and, in some cases, life insurance risk.

3. SPECIFICITIES OF MARKETING IN INSURANCE

The entire marketing effort of all organisations, including insurance companies, is to find the right products or services in the right place, at the right price, and to be presented in the right way to ensure the highest possible sales, revenue and profit that is the basis for growth and development of every organisation, including insurance companies. The marketing concept starts from the fact that it is easier to provide consumers with what they want than to convince them to buy what companies produce or offer on the market. Essentially, the marketing concept implies that all business activities and functions must be directed towards meeting the needs of consumers in a profitable way.

Insurance companies, like other organisations, start their marketing activities first with market research. First, a PEST analysis is performed, i.e. an analysis of the macro environment, i.e. political, legal, economic, demographic, technological and cultural trends, and then an analysis of the micro environment, i.e. consumers, competitors, internal environment, suppliers and intermediaries, in order to perform a SWOT analysis and internal strengths paired with external opportunities, external dangers avoided and the effect of own weaknesses reduced. After detailed PEST and SWOT analyses, market segmentation is approached, i.e. dividing the market into segments that can be satisfied in an efficient way, such as segments of legal and natural persons, or segments by types of insurance and in other ways, and then the insurance company and the insurance services it offers position on the market. After that, a combination of marketing mix instruments – product, price, distribution and promotion – is chosen that best suits the chosen market or market segments.

The listed activities are similar in order and method of execution for all organisations. However, insurance has several specificities that determine the way marketing mix instruments are applied.

First of all, the specificity of the basic elements of insurance is taken into account: subject of insurance, risk, premium, insured event and insurance compensation. Also, trust is crucial in insurance, given that insurance represents a promise of future payment that is conditional on the realisation of potential damage that may or may not happen. Related to the basic elements of insurance, the insurance service, insurance premium, but also the method of distribution and promotion of insurance are determined.

The main aspiration of every insurance company must be to provide an adequate portfolio of insurance coverage services that will lead to full client satisfaction regarding the included insurance items and included risks, but also the achievement of profit maximisation for the insurance company. Certainly, the main goals of every insurance company are to achieve high profitability and organic growth and development of the company, to preserve and strengthen the market position it has taken, as well as to expand to other markets outside the country or through the development of new types of insurance. When it comes to the portfolio of insurance coverage services, maximum customer satisfaction can be achieved by providing service packages and offering coverage “solutions” rather than “products”, by continuous cooperation with clients, insurance policyholders, with the aim of developing new insurance coverage services based on their needs. At the same time, the main effort is to maximise profit on the overall offer, that is, the overall portfolio of insurance services, and not necessarily on each individual service of insurance coverage.

As part of the management of insurance coverage services, i.e. a balanced insurance portfolio as an overall service offer of an insurance company, account should also be taken of the activities of efficient portfolio management. One of the approaches is to increase the market share in the types of insurance that have proven to be the most profitable, i.e. in which the lowest loss ratio is realised, but also the total difference between the collected insurance premium, on the one hand, and the costs of insurance implementation (primarily acquisition costs). Also, it is necessary to reduce the market share, and if possible, completely avoid, the types of insurance or certain services of insurance coverage within certain types of insurance, which in the previous period showed an extremely negative ratio of premiums to the sum of damages and costs. It is necessary to ensure the continuous development of new insurance services appropriate to the needs of clients, the creation of as large portfolios of similar risks as possible in order to reduce variations in annual results, as well as the expansion of diversification by types of insurance, which should be achieved through focused and continuous development of insurance services through the creation of new and changes to existing products, aimed at a specific client segment and sales channel, with the aim of maximally meeting the needs of clients.

The sale of insurance coverage services is the crown of all activities in insurance companies and at the same time represents the basis of survival and development.

There is an old saying that an insurance company is worth as much as its employees. This primarily refers to people employed in insurance sales, but also to people with whom the insurance company is connected, who are not directly engaged in insurance companies, but on whose abilities lie the possibilities of achieving better or worse sales results, and thus to a large extent, achieving better or worse results of the overall business of insurance companies. The sale of insurance essentially represents the distribution of insurance coverage services. Distribution of insurance is mainly achieved through direct sales, but also through intermediaries and representatives, while alternative sales channels such as sales through bancassurance, internet, mobile applications and other channels are being developed in recent times. The main goal in distribution management is to provide an optimal, balanced mix of sales techniques and internal and external sales channels that will ensure profitability maximisation based on long-term relationships of trust and cooperation with target groups of clients whose demands and needs in terms of risk coverage are exposed to such a mix should provide in a superior way, that is, with a greater future preference of the company's potential clients compared to competitors.

Promotional activities are part of the marketing mix that is most visible to the public and potential policyholders, and which must in all aspects be in accordance with the specifics of the insurance service as well as the insurance premium. Promotional campaigns should be organised in such a way that they are aligned with the best period of demand for certain insurance services, that is, they are aligned with sales efforts, namely: agricultural insurance (April - July), small and medium-sized business insurance (September - December), travel health insurance (April - August and December - February), household insurance (March - August), etc. Different promotion approaches should be used as customer-friendly as possible. Messages should also be tailored to the target category of clients. As much as possible, focus the messages on the protection of the insured against various dangers. Finally, promotional campaigns should be aimed at specific products, in the case of inadequate sales or in the case of innovated or new insurance services that appear for the first time in the insurer's offer or institutional promotion.

4. THE NECESSITY OF HOLISTIC MARKETING IN INSURANCE

The trends that defined the new marketing reality in the first years of the 21st century encouraged

organisations to accept a new approach to marketing - holistic marketing. Holistic marketing implies the necessity of simultaneous application of different aspects of marketing. Holistic marketing recognises the breadth and complexity of marketing activities and contains four components: relationship marketing, integrated marketing, internal marketing, and performance-orientated marketing.

Relationship marketing is aimed at building long-term relationships with key stakeholders with the aim of achieving positive business results and maintaining business cooperation with them. Relationship marketing provides great opportunities for insurance companies to maintain long-term relationships with their customers. The goal of marketing relations is to establish lasting relationships with insurance policyholders, that is, policyholders, which directly or indirectly affect the success of the insurer's marketing activities, that is, with those who have an impact on business results.

Integral marketing starts from the assumption of achieving synergistic effects in combining marketing activities, which we pointed out in the previous presentation. There are various marketing activities that enable to create, present and deliver value to customers. It is up to the marketers to combine and implement the various activities of individual instruments of the marketing mix, keeping in mind all other activities.

Internal marketing refers to employees, coordination with higher levels of management and horizontally with other departments or sectors of the insurance company. Internal marketing is about hiring, training and motivating employees who want to serve customers well. It is meaningless to promise excellent service if the employees are not ready to deliver it.

Performance-orientated marketing requires an understanding of the importance of financial and non-financial objectives to the insurer and society as a whole. Financial results achieved in the form of sales revenue are crucial for the company's survival. Sales revenue covers all costs incurred in providing the right products, at the right price, in the right place and in the right way. Non-financial results such as the market share of the company or product, customer satisfaction, product quality, etc, are becoming more and more important.

The application of holistic marketing in insurance is extremely important. Holistic marketing actually enables the connection of different sectors of insurance companies into a whole of efforts to satisfy clients and realize profits. For example, in the payment of damages, the financial sector as well as the legal sector will be incentivised to challenge the payment of compensation

given their specific sectoral objectives and the nature of the work. In particular, the legal sector or department is focused on managing disputes with clients. From the marketing aspect, i.e. maintaining long-term positive relations with clients and long-term profitability and growth, disputes with clients regarding the payment of compensation claims are not the best solution. For example, if compensation is inadequately realised, all other marketing efforts will be unsuccessful. Also, marketing aimed at employees is particularly important, as well as relationship marketing, which enables the creation and maintenance of long-term relationships with users of insurance coverage services.

The payment of compensation claims is the most transparent aspect of the insurer's business for policyholders, insured persons, that is, insurance users, as well as the key reason for concluding an insurance contract. If the payment of compensation claims is not fully in accordance with the expectations of the insured, i.e. in accordance with what was communicated to them through promotional and sales activities, they will express their dissatisfaction, which will be reflected not only in their future choices of the insurance company, but will also share their negative experience with everyone. A study by the insurance group Chubb Group (2002) shows that the experience in settling a claim plays an important, and in a large number of cases, a decisive role for 76% of respondents when choosing an insurance company. Insureds try to avoid those insurance companies that are known for their bad reputation in terms of fulfilling claims. In addition to word-of-mouth recommendations, there is also a website in the US, created by the National Association of Insurance Commissioners, through which information is provided to consumers regarding disputed claims.

Namely, starting from the key characteristics of insurance, intangible character (intangibility), perishability (they cannot be stored and once missed opportunity to sell is lost forever), heterogeneity, inseparability of production and consumption processes and absence of ownership, it is clear that when providing insurance services the quality of the service depends not on how technically well structured the insurance service is, but above all on the perception of quality by clients, that is, insured persons or insurance users. That perception is created most strongly under the influence of the so-called *word-of-mouth*, because people, due to the mentioned characteristics of the services, are most inclined to act in accordance with the advice of their friends, which are based on the previously acquired experience of using the services (Ehrlich & Fanelli, 2004). In the case of the

insurance sector, experience in handling claims will be crucial and therefore key to determining service quality and spreading positive referrals, thereby creating a competitive advantage, attracting new and retaining existing policyholders.

5. SPECIFICITY OF DIGITAL MARKETING IN INSURANCE IN THE POST COVID-19 CONDITIONS

The impact of the Covid-19 pandemic on insurance companies was twofold. On the one hand, it affected the performance of insurance business and increased risk, and on the other, insurers as employers. Insurance companies lost approximately 48% of their market value in the first year of the pandemic alone according to Coforge (2020). Life and health insurers were particularly affected, with an average drop in market value of 58% since the beginning of the crisis. The cost of testing and treatment during the COVID-19 pandemic has reduced profits.

There are numerous impacts, however, in addition to declining profitability and market value. They were seen in the challenges of work in the performance of insurance activities, the increased need for digitisation of business, strategies, mergers and acquisitions, changes in consumers, financial reporting and many others. The challenges posed in terms of digitisation and change of insureds were the most extensive. Virtually overnight, insurance companies were required to support the shift of customer demands to digital channels, reconfigure supply chains, hire additional necessary capacity, secure the engagement of their own workforce, licenses and equipment to support remote work. Early investment in digital sales processes during the COVID-19 pandemic has proven to be a key element in successfully maintaining contact with customers.

Before and especially during and after the pandemic, a new concept of marketing - digital marketing - developed in parallel with the impact of the pandemic itself. Digital marketing comes about thanks to changes in technology and the impact of technological changes on consumers. Technological changes have been visible for two decades, but only in the last few years have they begun to create a collective impact and thus affect marketing practices around the world. Technological changes cause new trends such as 1) the "sharing" economy, 2) the "now" economy, 3) multi-channel integration, 4) content marketing, 5) social management of customer relations, etc. The "sharing" economy means that companies are constantly exposed

Table 1: Changes in relation to consumers from traditional to digital marketing

From	To
The consumers as a mass market	The consumers as a dynamic network
Communications are sent to consumers	Communications are two-way
Companies have a key influence (they are influencers)	Consumers have a key influence (they are influencers)
Marketing persuades to buy	Marketing inspires purchase, loyalty and advocacy
Unidirectional value movement	Two-way (bidirectional) value movement
Economies of scale	Consumer value economy

Source: Rogers, D.L. (2016).

to the possibility that consumers influence other consumers, positively or negatively, depending on their satisfaction with the product or service. The “now” economy stems from the consumer’s need for products and services, as well as the ability to communicate with the company, to be available at all times, 24 hours a day, 7 days a week. In the changed conditions, marketers must apply multi-channel marketing. It is necessary to produce different combinations of marketing mix instruments and especially the mix of distribution and promotion channels. Door-to-door distribution is becoming more and more desirable, and offers, promotions and orders are increasingly realised online and at the same time. The young generations of the Internet use social networks the most, to which marketers must adapt their marketing activities. Table 1 illustrates the changes in consumers.

In the light of technological changes, consumers increasingly want a unique product or service, unique media, unique sales, i.e. individually tailored marketing (mass customisation). In the new marketing, companies and consumers have a role in creating and promoting products and services.

In addition to the above changes, there have been specific changes in the field of insurance during and especially after the pandemic. Demographic changes such as an aging population and associated demands on the health care system, an increase in chronic diseases, as well as increased and changing regulatory requirements are narrowing earning opportunities. Costs are in the spotlight more than ever. This is compounded by the fact that regulators are more closely monitoring commissions and profit margins, and demands for transparency are increasing due to rising premiums and declining customer acceptance, both among buyers and regulators.

Increased sensitivity to premiums and reduced understanding of supplementary insurance services, especially among the younger generation, are leading to a decline in demand for supplementary products. Changes in customer behaviour and declining customer loyalty are also being seen in light of improved premium

transparency, e.g. through aggregators, and simplified processes for replacing insurance policies. In response, most insurers are trying to strengthen distribution channels. Although the short-term challenge is whether to increase digitisation or not, the post-pandemic conditions are likely to massively accelerate the digitisation of sales processes in the insurance industry in the medium- and long-term.

Insurers are very reluctant to return to the “analogue” world, because the dependence on digital channels has led to changed needs of customers, future insureds. Decline in customer loyalty due to greater transparency of premiums as well as digitisation and automation of processes create increased competition and cost pressure, increasing the need for digital transformation. Insurers and insurance intermediaries need to ensure they are ready for digital processes, from sales channels and customer interactions to data analysis. We expect insurance distribution to be part of an “ecosystem” in the future, for example, integrated into consumer goods or life situations and housing purchases. Ecosystem partnerships offer the opportunity to expand the role of insurers and distributors beyond product placement. Through partnerships, insurers can access new proprietary data to deepen their customer relationships and attract new customers. With the increasing volume of ecosystem data, insurers as well as insurance distributors will be able to offer personalised products and services to their customers, significantly improving the customer experience.

6. IMPORTANCE OF MARKETING FOR INSURANCE COMPANIES

The success of the business activities of insurance companies has always been based on the ability to make and implement adequate decisions that always take into account the consideration of different options in terms of risk and return. Among the most important for success in the insurance market are decisions about marketing activities. Namely, the application of

the marketing concept is a means by which insurance companies can better adapt to market conditions, and therefore it is a necessity in their business.

Marketing is a dynamic process. It depends on the micro and macro environment, that is, on competitive pressures, the economic situation, consumer needs, technology and legislation. These factors affect changing marketing activities over time. Given that marketing refers to the future, that is, it affects the future behaviour of people, the results are always subject to uncertainty and risk.

The mass offer of insurance coverage services made it possible to meet the needs of the insured, but also led to a wide choice of insurance services. Insurance companies strive to beat their competitors by offering clear differences in insurance coverage services in the hope that policyholders will see the existence of differences, that is, improvements in relation to competing services. The main differences that marketing can create are in the domain of services, insurance premiums, distribution and promotion. The role of marketing has strengthened in the effort to ensure higher sales of insurance services compared to the competition. Marketing becomes crucial to improving business performance and creating demand.

Therefore, the key importance of marketing for insurance companies is the creation of demand and through the creation and increase of demand, that is, the attraction of potential insurance policyholders, the increase of the invoiced premium and total income from the sale of insurance services, and thus the profitability of the insurer. Also, by increasing the demand for insurance and increasing the number of insured persons, i.e. the number of risks accepted into insurers' portfolios, a better risk dispersion is enabled and thus the sustainability of the provision of insurance coverage services, which is in the interest of the insured, the insurer and society as a whole.

Instead of taking care only of offering insurance services and trying to sell what is offered to the market, a marketing orientation has been adopted that starts from the needs of customers and tries to satisfy those needs and demands in a profitable way. The importance of marketing is increasing with globalisation, economic, technological and social changes, considering that more than ever it is necessary to follow the demands of consumers and strive to satisfy them.

7. CONCLUSION

Insurance companies operate on the insurance market. The insurance market represents the totality

of insurance supply and demand. On the demand side of the insurance market are policyholders, insureds, insurance beneficiaries, holders of real rights on the insured item and acquirers of the insured item. Also, third party injured parties appear in liability insurance who are claimants of compensation from the insurance, but essentially do not appear as subjects of the demand for insurance coverage. On the supply side, there are traditional insurance companies as well as Lloyd's associations, co-insurance pools, own insurance companies, etc. Insurance companies do not function in isolation and marketing represents their link with market reality, that is, insurance seekers and competitors.

The specifics of marketing in insurance arise from the specifics of the insurance business. First of all, we have in mind the insurance service itself, which represents a promise of future payment, which is why special attention must be paid to it. Also, the insurance price is specific. The insurance premium varies depending on the risk, i.e. it depends on the probability of damage and its potential consequences, but it should cover both business costs and profit. The way of applying the marketing mix instruments comes from these specificities.

The application of holistic marketing is becoming more and more important. Especially in insurance, for example, compensation for damages is taken into account. If compensation is inadequately realised, all other marketing efforts will be unsuccessful. Also, marketing aimed at employees is particularly important, as well as relationship marketing, which enables the creation and maintenance of long-term relationships with users of insurance coverage services.

In the digital age, which has also affected the insurance industry, the need for the application of digital marketing is becoming more and more important. The Covid-19 pandemic and the transformation of policyholders' and policyholders' preferences towards the purchase of affordable insurance services online gave a special impetus to the development of digital marketing in insurance. This trend will be particularly pronounced in the future.

The importance of marketing is to increase demand, which increases the number of people who are insured. In this way, the basics of insurance are supported - risk atomisation in the insurance portfolios of insurance companies. Therefore, the key importance of marketing is long-term sustainable insurance in general as well as the success of insurance companies. The above emphasises the continued relevance of the research conducted in the paper.

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